

Center for Children's Advocacy

University of Connecticut School of Law, 65 Elizabeth Street, Hartford, CT 06105

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TESTIMONY OF THE CENTER FOR CHILDREN'S ADVOCACY IN SUPPORT OF

HB-6340 AN ACT CONCERNING THE PLACEMENT OF CHILDREN IN OUT-OF-STATE TREATMENT FACILITIES.

This testimony is submitted on behalf of the Center for Children's Advocacy, a non-profit organization based at the University Of Connecticut School Of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy.

We strongly support Raised Bill 6340 which will require the Department of Children and Families (DCF) to bring children home from out-of-state institutional treatment facilities and ensure the provision of family and community-based care.

JASON: "I FEEL LIKE PEOPLE HAVE FORGOTTEN ME."

The Center for Children's Advocacy recently represented **Jason**, a 15 year old boy who had lived in an out-of-state treatment facility for 3 years. He was so desperate to get back to his home community that he said that he was even willing to go to a residential placement in Connecticut, if only because it brought him closer to his home town of Waterbury and a half-brother who lived in a city foster home. **He said: "I feel like people have forgotten about me."**

WILSON: "I FEEL LIKE I'M BEING PUNISHED FOR SOMETHING."

Before Jason, the Center represented **Wilson**, a 14 year old boy who lived in an out of state institution for two years before his treatment team concluded he was ready for community placement. Wilson wanted to be close to his mother, maternal aunt and grandfather, all of whom lived in the Hartford area. Wilson was "eager to be involved in group activities, he regularly attends church services and loves playing sports, listening to music and reading books." Through months of delay **Wilson was becoming increasingly frustrated and felt "he was being punished for something."** Center attorneys were finally able to secure Wilson's discharge to a therapeutic group home in the Hartford area after filing a motion for emergency relief in the Superior Court for Juvenile Matters.

367 CHILDREN IN OUT OF STATE FACILITIES

Unfortunately, there are hundreds of youth like Jason and Wilson who are "frustrated" and "forgotten" in out of state care. According to DCF's December, 2011 report regarding children in out-of-state placement (attached), there were **367 children paced in out-of-state treatment centers.**

The Hartford Courant recently reported, "Once they go away, **children spend far longer in residential treatment — an additional 189 days, on average — than children in Connecticut programs.**"



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These youth are often disabled, cognitively, developmentally or psychiatrically. They are the most needy and vulnerable of children in DCF's care, and they are at great risk of "falling through the cracks" because they are not being closely monitored at a critical point in life – adolescence and their young adult years. These children may also be leaving a community that they may have called home for many years and being asked to adapt to a new, typically institutional setting, without regular contact from parents, mentors, siblings and friends. Many of these youth can be and should be placed in community-based placements in Connecticut where they can be treated in a less restrictive environment and allowed to foster nurturing relationships with family, friends and mentors. Out of state residential care is not only isolating, but extremely expensive. The funds used to sustain these placements should be reallocated to support and enhance community-based services and placements.

Why residential treatment is NOT EFFECTIVE

The National Adolescent and Child Treatment Study found that, of youth *successfully* discharged from residential treatment placements, **33% were back in a restrictive placement within one year and 75% were placed in another restrictive setting at least once within the next 6 years.**¹ (Greenbaum et al., 1996; Burns et al., 1999; Surace & Canfield, 2007).

In addition, the landmark 1999 U.S. Surgeon General's report specifically declined to endorse residential treatment as an effective intervention for adolescents. The Report determined that there simply was not enough statistical evidence to support such a finding and that available **research indicated that youth with severe behavioral needs did not appear to improve** after discharge from institutional treatment.²

Researchers have found that one of the primary challenges of institutional treatment is that youth do not learn behavior that translate or generalize to the community.³ Significantly, even a youth who improves within a residential treatment setting will not necessarily improve or maintain improvement once discharged to the community.⁴ Clearly, expensive institutional care is not the right investment for states.

¹ Greenbaum, P.E., Dedrick, R. F., Friedman, R. M., Kutash, K., Brown, E.C., Lardieri, S. P., & Pugh, A. M. (1996). National Adolescent and Child Treatment Study (NACTS): Outcomes for children with serious emotional and behavioral disturbance. *Journal of Emotional and Behavioral Disorders*, 4, 130 Burns, B.J., Hoagwood, K., & Maultsby, L. T. (1998). Improving outcomes for children and adolescents with serious emotional and behavioral disorders: Current and future directions.

² Surgeon General's Report on Effectiveness of Residential Treatment can be found on the web at: <http://www.surgeongeneral.gov/library/mentalhealth/>

³ Barker, P. (1982). Residential treatment for disturbed children: Its place in the '80s. *Canadian Journal of Psychiatry*, 27, 634-639;

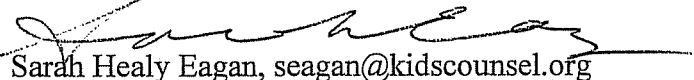
⁴ Holstead, J.; Dalton, J., Horne, A., Lamond, D., Modernizing Residential Treatment Centers for Children and Youth-An Informed Approach to Improve Long-Term Outcomes: The Damar Pilot, Child Welfare, 2010

Moving to Community Based Care: Other States' Success Stories:

The Annie E. Casey Foundation working in conjunction with four jurisdictions, New York City, Maine, Louisiana and Virginia, reported remarkable results in reducing reliance on institutionalized care.⁵ Community-based services that worked to use existing familial networks and local neighborhoods produced concrete results. New York City saw the number of congregate care beds go from 4,174 in 2002 to 2,192 in 2008. Part of the \$41 million in reduced costs was then reinvested in supportive and aftercare services with a proven track record of effectiveness in helping cut down on recidivism in these at-risk children. In Maine, one of the nation's worst child and family services divisions was reformed with an emphasis on reducing congregate care placements and the results were staggering. By 2009 only 200 children were in residential placements compared with 747 children in 2004 when the overhaul of their system began. An additional \$4 million was invested into community programs due to the over \$10 million that was saved because of reduced reliance on congregate care.⁶

Ending reliance on congregate care puts an emphasis on better outcomes for children and families, and creates cost savings that can then be re-invested into more reliable evidence-based family and community supports.

Respectfully submitted,



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⁵ Annie E. Casey Foundation Publication, "Rightsizing Congregate Care: A Powerful First Step in Transforming Child Welfare Systems," 2009, found on the web at :
<http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={746C0E30-2578-49CA-AE60-CB07CB6E02F9}>

⁶ Annie E. Casey Foundation Publication, "Fixing a Broken System: Transforming Maine's Child Welfare System," 2009, found on the web at:
<http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={4FB6503E-B1E7-4C5D-93E4-852F494CFA42}>

**STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES**

DATE: 12/1/2010

	State	Total Census	CPS/ AO Placements	Juvenile Services Placements	Dual Committed Placements	Previous Monthly Totals	Total Census	CPS	Juvenile Services	Dual Committed
December-10		367	299	60	8	November-10	362	293	61	8
						October-10	347	283	56	8
New England	78%	285	247	34	4	September-10	344	279	56	9
Maine	ME	25	25	0	0	August '10	345	274	60	11
Massachusetts	MA	219	182	33	4	July '10	345	274	60	11
New Hampshire	NH	13	13	0	0	June-10	343	273	58	12
Rhode Island	RI	11	10	1	0	May-10	355	273	70	12
Vermont	VT	17	17	0	0	April-10	347	267	69	11
Other States	22%	82	52	26	4	March-10	349	268	69	12
Alabama	AL	1	1	0	0	February-10	344	261	71	12
Arizona	AZ	0	0	0	0	January-10	343	262	71	10
Colorado	CO	0	0	0	0	December-09	341	259	70	12
Florida	FL	8	4	3	1					
Georgia	GA	1	1	0	0					
Iowa	IA	2	0	1	1					
Illinois	IL	4	4	0	0					
Michigan	MI	1	1	0	0					
Missouri	MO	0	0	0	0					
New Jersey	NJ	1	1	0	0					
New York	NY	5	5	0	0					
Ohio	OH	1	1	0	0					
Pennsylvania	PA	54	30	22	2					
South Carolina	SC	0	0	0	0					
Tennessee	TN	0	0	0	0					
Texas	TX	0	0	0	0					
Utah	UT	1	1	0	0					